## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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INSTRUCTIONS: This fo appropriate. All further coindicated unless corrected maintenance fee notification	rm should be used for train rrespondence including the below or directed otherwise as.	nsmitting the ISSU Patent, advance or e in Block 1, by (a	E FEE and ders and not ) specifying	PUBLIC ification a new o	CATION FEE (if required of maintenance fees correspondence address	uired). Blocks 1 through 5 will be mailed to the curren s; and/or (b) indicating a ser	should be completed where t correspondence address as parate "FEE ADDRESS" for			
CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block 1 for	any change of address	1095	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
OSHA LIANG L 1221 MCKINNEY SUITE 2800 HOUSTON, TX 77	STREET	AUG	3 0 2006	<u>a</u>	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
09/01/2006 MWOLDGE2 00				(Depositor's name)						
01 FC:1501 1400.00 OP 02 FC:1504 300.00 OP					(Signature) (Date)					
APPLICATION NO.	FILING DATE 00 UP	FIRST NAMED INVE			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/541,424	07/05/2005		Hideo Morimoto			077700/061001	6232			
	APACITANCE TYPE FOR									
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	isional NO \$1400			\$300		\$1700	09/20/2006			
EXAM	INER	ART UNI	ART UNIT		ASS-SUBCLASS					
BENSON,	WALTER	2858			324-661000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The early attached of Correspondence Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed.										
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	EE.	elow, no assignee dof this form is NOT	ata will appe a substitute i (B) RESIDE	ear on the for filing	ne patent. If an assign g an assignment. CITY and STATE OR C	ŕ	ocument has been filed for			
Nitta Corporation Osaka-shi, Osaka, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent):										
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  XXX Publication Fee (No small entity discount permitted)  XXX Advance Order - # of Copies 3  XXX The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form).										
a. Applicant claims SM	from status indicated above AALL ENTITY status. See 3	7 CFR 1.27.	b. Applica	ant is no	longer claiming SMAI	L ENTITY status. See 37 CI	FR 1.27(g)(2).			
The Director of the USPTO i NOTE: The Issue Fee and Pu nterest as shown by the reco	s requested to apply the Issu blication Fee (if required) w rds of the United States Pate	e Fee and Publication Fill not be accepted in the and Trademark C	on Fee (if any from anyone Office.	y) or to r other th	e-apply any previously an the applicant; a regis	y paid issue fee to the applica stered attorney or agent; or th	tion identified above. e assignee or other party in			
Authorized Signature	Fins. By -		<u> </u>		Date 8	30 pc o. 45,925				
Typed or printed name  This collection of information application. Confidentialit	n is required by 37 CFR 1.31	1. The information 122 and 37 CFR 1.	is required to	o obtain ection is	or retain a benefit by th	ne public which is to file (and ninutes to complete, includin	by the USPTO to process) g gathering, preparing, and			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (07-06)

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		⊢	Complete if Known										
	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				, , , , , , , , , , , , , , , , , , , ,		10/541,424-Conf. #6232						
	FEE TRANSMITTAL						July 5, 2005						
IPE	For FY 2005						Hideo Morimoto						
O'' - 4			Examiner Name \		W. Benson								
- 7	Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2858								
AUG 3 0 2006	TOTAL AMOUNT	OF PAYMENT	0 /	Attorney Docket No. 07700/061001									
	METHOD OF PA	YMENT (check all	that apply)										
TO THE BENEFIT	Check X Credit Card Money Order None Other (please identify):												
··	X   Deposit Account   Deposit Account Number: 50-0591   Deposit Account Name: Osha · Liang LLP												
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
	x Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17												
	FEE CALCULAT		and i.ii	<del>.</del>				_					
Ì	1. BASIC FILING, S	EARCH, AND EXA	MINATION FEI	ES									
		FILIN	IG FEES	SEAF	RCH FEES	EXAMINA	ATION FEES	3					
	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fage F	Paid (\$)				
	Utility	300	150	500	250	200	100	10031	ara (w)				
	Design	200	100	100	50	130	65						
	Plant	200	100	300	150	160	80	must.					
	Reissue	300	150	500	250	600	300						
	Provisional	200	100	0	0	0	0	<del></del>	<del></del>				
	2. EXCESS CLAIM I			ŭ	Ü	ŭ	•		Small Entity				
	Fee Description							Fee (\$)	Fee (\$)				
ľ	Each claim over 20	(including Reissues	3)					50	25				
	Each independent cl	-	ng Reissues)					200	100				
	Multiple dependent	claims						360	180				
	Total Claims	Extra Claims	Fee (\$)	Fee Pai	id (\$)	Mu	Itiple Depend	ent Claims					
		-21 = x =					e (\$) Fee Paid (		3)				
		f total claims paid for, if g	•						_				
	Indep. Claims	Extra Claims x	Fee (\$) =	Fee Pai	id (\$)								
		independent claims pai	d for, if greater that	n 3.									
	3. APPLICATION SIZE FEE												
	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
	Total Sheets	Extra Sheets	<u>Number (</u>	of each add	itional 50 or frac			<u>Fee (</u>	Paid (\$)				
l	4. OTHER FEE(S)		<del></del> .					Fees	Paid (\$)				
	Non-English Specification, \$130 fee (no small entity discount)												
	Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00												
	1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color 9.00												
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	SUBMITTED BY	M	45.	425 ID	egistration No.		T						
<u>[</u>	Signature	15 tz	70 -1-X	(A	ttomey/Agent)	33,986	Telephone	(713) 22	8-8600				
	Name (Print/Type) Jor	athan P. Osha	\				Date	August 3	0, 2006				
			$\sim$										

Docket No.: 07700/061001

(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Hideo Morimoto et al.

Application No.: 10/541,424

Confirmation No.: 6232

Filed: July 5, 2005

Art Unit: 2858

For: CAPACITANCE TYPE FORCE SENSORS

Examiner: W. Benson

## TRANSMITTAL LETTER

MS Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Fee Transmittal (1 page);
- 2. Part B Fee(s) Transmittal (1 page); and
- 3. Certificate of Express Mailing (1 page).

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith to our Deposit Account No. 50-0591, under Order No. 07700/061001.

Dated: August 30, 2006

Respectfully submitted,

Jonathan P. Osha

Registration No.: 33,986 OSHA · LIANG LLP

1221 McKinney St., Suite 2800

Houston, Texas 77010

(713) 228-8600

169949

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Attorney Docket No.: 07700/061001

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV804212930US in an envelope addressed to:

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on August 30, 2006

Date

Sarah J. Buta

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600

Telephone Number

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Fee Transmittal (1 page)

Payment by credit card. Form PTO-2038 is attached (1 page)

Transmittal Letter (2 pages)
Part B – Fee(s) Transmittal (1 page)
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